

Facility Name: _____

PATERNITY ACKNOWLEDGMENT – STATE OF GEORGIA

(Print or type all information in black or blue/black permanent ink. This form may be reproduced.)

This Acknowledgment attests that _____
FATHER'S First *Middle *Last name/Generationis the natural father of the child born on _____ day of _____
Month Yearin _____ County, Georgia, to _____
MOTHER'S First Middle Last name**WE ARE REQUESTING TO HAVE THE NAME OF THE NATURAL FATHER ENTERED ON THE BIRTH CERTIFICATE AND THE CHILD BE NAMED:**

Child's First Middle Last Name /Generation

WE UNDERSTAND THAT A SIGNED ACKNOWLEDGMENT OF PATERNITY BY THE FATHER, SUBJECT TO A 60-DAY RESCISSION PERIOD, IS A *PRIMA FACIE* CASE OF ESTABLISHMENT OF PATERNITY PURSUANT TO O.C.G.A. 19-7-46.1[A)]. SIGNING THIS ACKNOWLEDGMENT CONFIRMS THAT THE MOTHER NAMED ON THIS AFFIDAVIT IS NOT MARRIED OR WAS NOT MARRIED AT THE TIME OF CONCEPTION, BIRTH NOR ANY TIME IN BETWEEN.

Father's Date of Birth: _____ Name of Father's Employer: _____

Father's State of Birth: _____ Father's Social Security No.: _____

I UNDERSTAND THAT I MAY WITHDRAW THIS PATERNITY ACKNOWLEDGMENT, WITHOUT PENALTY, WITHIN SIXTY (60)- DAYS FROM THE DATE OF MY SIGNATURE, UNLESS A COURT OF LAW HAS ISSUED AN ORDER FOR EITHER PATERNITY OR SUPPORT. I HAVE BEEN INFORMED OF MY RIGHTS AND RESPONSIBILITIES AS EXPLAINED ON THE REVERSE SIDE OF THIS FORM._____
Signature of Father Date Identification Presented by Father: _____

Mailing Address of FATHER Apt./Street Number City State Zip Code

Witness Signature for Father Date

Mother's Social Security No.: _____ Identification Presented by Mother: _____

Mailing Address of MOTHER Apt./Street Number City State Zip Code

Signature of Mother Date Witness Signature for Mother Date**WE UNDERSTAND THAT BY SIGNING BELOW WE VOLUNTARILY CONSENT AND AGREE THAT THE RELATIONSHIP BETWEEN THE NAMED CHILD AND FATHER SHALL BE CONSIDERED LEGITIMATE FOR ALL PURPOSES UNDER THE LAW PURSUANT TO O.C.G.A. § 19-7-22(g)(2). BOTH MOTHER AND FATHER MUST SIGN BELOW.**_____
Signature of Mother Date Signature of Father Date

THIS AFFIDAVIT MUST BE SIGNED BY THE MOTHER AND THE PERSON TO BE IDENTIFIED AS THE FATHER IN THE PRESENCE OF A WITNESS AS SET FORTH IN O.C.G.A. §31-10-9(E)(2).